



ASC Utilization Report

State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 3021 Brookehaven Rd

City: New Albany

County: Floyd

ASC Web Address:

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAAHC

Deemed Status: ☐ Yes ☒ No

Corporate Tax Status: ☒ For Profit ☐ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1735	3829
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	308	
43239	276	
L8699	214	
69439	136	
64484	82	
64636	65	
64483	53	

66984	49
14060	38
62311	35

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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